

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003003

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: HEART OF THE EARTH, INC.

## Current Principal Place of Business:

1509 HASOSAW NENE  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

1509 HASOSAW NENE  
TALLAHASSEE, FL 32301

## New Mailing Address:

FEI Number: 31-1809130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRASER, BARRY  
1604 HASOSAN NENE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FRASER, BARRY  
Address: 1604 HASSOSAW NENE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: CARDEA, NORINE  
Address: 9601-16 MICCOSUKEE RD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: CHANTON, JEFF  
Address: 1509 HASOSAW NENE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: FRASER, LUCYANN WALKER  
Address: 1604 HASSOSAW NENE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: CERULEAN, SUSAN  
Address: 1509 HASOSAW NENE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: OAKSFORD, ED  
Address: 2520 HARRIMAN CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY CHANTON

DR.

03/20/2009

Electronic Signature of Signing Officer or Director

Date